



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIHEMOPHILIA PRODUCTS – VON WILLEBRAND FACTOR (vWF)
PA SUMMARY**

Preferred	Non-Preferred
Wilate (von Willebrand Factor/Coagulation Factor VIII Complex [Human])	Alphanate (Antihemophilic Factor/von Willebrand Factor Complex [Human]) Humate-P (Antihemophilic Factor/von Willebrand Factor Complex [Human]) Vonvendi (von Willebrand Factor [Recombinant])

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- ❖ Physicians administering medication in a clinic or office must bill the drug through the Medicaid physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov and then log in to request a PA from Physician Services.
- ❖ Grandfathering in place at this time for all current users of non-preferred products.

PA CRITERIA:

Non-Preferred von Willebrand Factor Products

- ❖ Approvable for members with a diagnosis of von Willebrand disease (vWD) who have allergy/hypersensitivity, contraindication, or intolerable side effect with Wilate that is not anticipated to occur with the requested non-preferred vWD product or member must have had an inadequate response or developed inhibitors (antibodies) to Wilate.
- ❖ In addition for Alphanate and Humate-P, approvable for members with a diagnosis of hemophilia A (congenital factor VIII deficiency) who have allergy/hypersensitivity, contraindication, or intolerable side effect with a preferred recombinant factor VIII product that is not anticipated to occur with the requested non-preferred product or member must have had an inadequate response or developed inhibitors (antibodies) to a preferred factor VIII product.
- ❖ Requests for non-preferred vWD products for reasons not cited above may be submitted with a letter of medical necessity, which will be reviewed on a case-by-case basis by a healthcare professional.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.